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ABSTRACT

This document is intended to assist local school districts in complying with the Wisconsin Department of Industry, Labor and Human Relations (DILHR) Health and Safety Standard. Following an overview of the plan, the guide is organized into six chapters: (1) "Exposure Determination" discusses job classifications, tasks, and procedures; (2) "Methods of Compliance" concentrates on universal precautions, engineering and work practice controls, and personal protective equipment; (3) "Hepatitis B Vaccination" addresses employees who are or are not first aid providers; (4) "Post-Exposure Evaluation and Follow-up" covers exposure incident and medical follow-up, information for health care professionals, and follow-up information for employees; (5) "Communication of Hazards to Employees" highlights labeling, color-coding, and information and training; and (6) "Recordkeeping" describes medical records, training records, and availability of records. Appendixes provide the following information: DILHR and OSHA Health and Safety Standards; definitions for purposes of exposure control plan; exposure determination; tasks, procedures, and school exposure incident investigation forms; example schedule for cleaning and decontamination; Hepatitis B vaccination record and declination form; medical management of individuals exposed; employee medical record checklist form; training record form; and a list of resources. (LL)

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Department of Health and Social Services (DHSS)
Department of Public Instruction (DPI)
Department of Industry, Labor and Human Relations (DILHR)

Model Bloodborne Pathogens Exposure Control Plan for Wisconsin Public Schools

(DILHR 32.50 1910.1030)

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Model Bloodborne Pathogens Exposure Control Plan for Wisconsin Schools

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PREFACE

Wisconsin Department of Industry, Labor and Human Relations (DILHR) Interpretation of the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030

OSHA vs. DILHR

In Wisconsin, DILHR, not OSHA, monitors and enforces health and safety regulations for public employers. When OSHA was enacted in 1970 a provision was included in the act which exempted coverage for federal, state, and sub-branches of state government, which includes all public employees. Currently, Wisconsin Statute 101.055 requires DILHR to adopt and enforce health and safety standards equal to those offered private employees as administered by OSHA. Private schools are covered by OSHA not DILHR.

DILHR Health and Safety Standard Compliance

If, on inspection, a DILHR compliance engineer finds a violation of state standards, abatement orders will be issued to the employer. Orders issued by a compliance engineer generally have a 60 day period for abatement (time periods may vary). The employer shall post a copy of the orders at or near the site of the violation for 3 days or until the violation is corrected, whichever is longer. Copies of the orders will be sent to the top elected official, the bargaining unit, and to the person requesting the inspection (if applicable). If orders remain unresolved after the compliance periods, a potential forfeiture of $10.00 to $100.00 may be imposed each day for each violation.

OVERVIEW OF PLAN

The Model Bloodborne Pathogens Exposure Control Plan has been prepared to assist local school districts in complying with the Wisconsin Department of Industry, Labor and Human Relations (DILHR) Health and Safety Standard (ILHR 32.50 1910.1030).

The Plan's format follows the key provisions of the DILHR Standard. School districts will need to complete the following tasks in conjunction with developing their own Exposure Control Plan:

1. Establish a written exposure control plan and develop a schedule for implementing other provisions of the standard.

2. Develop written procedures for cleaning, for handling contaminated materials, and for disposing of hazardous waste within all buildings and facilities in a district.

3. Provide appropriate personal protective equipment that is readily accessible to identified employees.

4. Provide (at no cost to the employee) hepatitis B vaccine under specific circumstances as defined by exposure determination, and medical follow-up for exposure incidents.

5. Provide warning labels or color-coded containers for use with hazardous waste.

6. Provide training to employees within 90 days of the effective date, and be given initially to new employes and thereafter, annually.

7. Develop written procedures for meeting requirements for medical record keeping.

8. Provide for record keeping for the duration of employment, plus 30 years.

Bloodborne Pathogens Exposure Control Plan for

_____School District

Date of School Board adoption: _____

Person(s) responsible for implementation and review of the Exposure Control Plan:

_____

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 (see Appendices A and B), the following exposure control plan has been developed. Pursuant to Statute 101.055, DILHR is required to adopt and enforce health and safety standards equal to those offered private employees as administered by the Occupational Safety and Health Administration (OSHA). Definitions relating to the exposure control plan are found in Appendix C.

I. EXPOSURE DETERMINATION

(Each school district must determine which of its employees could be exposed to blood or other body fluids containing blood in the course of their work. These employees, for the purposes of compliance with this standard, may be described as: 1) designated first aid providers: those whose primary job assignment would include rendering first aid; and 2) those employees who might render first aid only as a collateral duty. It is recommended that a committee be formed to make this determination. The committee membership should include: administrative representatives, bargaining unit representatives, a school nurse and/or a health professional from the local health department or infection control department of the local hospital.)

A form that can be used to document district decisions relating to exposure by job classification is found in Appendix D.

A. Job Classifications

The_____ School District has identified the following job classifications as those in which employees of the district could be exposed to bloodborne pathogens in the course of fulfilling their job requirements: _____

_____

_____

_____

B. Tasks and Procedures

A list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur is required. This exposure determination shall be made without regard to the use of personal protective equipment. (Appendix E is a sample of a Task/Procedure Record that may be used to document this requirement.) Tasks/procedures may include, but not be limited to, the following examples:

1. Care of minor injuries that occur within a school setting, i.e., bloody nose, scrape, minor cut;

2. Initial care of injuries that require medical or dental assistance, i.e., damaged teeth, broken bone protruding through the skin, severe laceration;

3. Care of students with medical needs, i.e., tracheostomy, colostomy, injections;

4. Care of students who need assistance in daily living skills, i.e., toileting, dressing, handwashing, feeding and menstrual needs;

5. Care of students who exhibit behaviors that may injure themselves or others, i.e., biting, hitting, scratching;

6. Care of an injured person in laboratory setting, vocational education setting, or art class;

7. Care of injured person during a sport activity;

8. Care of students who receive training or therapy in a home-based setting;

9. cleaning tasks associated with body fluid spills.

II. METHOD OF COMPLIANCE

(All of the following methods of compliance are mandated by the standard and must be incorporated into the school district exposure control plan. A committee to determine district guidelines for cleaning, decontamination and waste disposal procedures needs to be established. Once guidelines are written they need to be posted in appropriate locations and the content included in the training program. It may be desirable to request assistance from staff of the local health department or infection control unit of the local hospital.)

A. Universal Precautions

In this district universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials (OPIM). All blood or other potentially contaminated body fluids shall be considered to be infectious. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Engineering/and Work Practice Controls

Engineering and work practice controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in this district and at least annually.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane through such events as needlesticks.

An exposure incident investigation form shall be completed each time an exposure incident occurs. (See Appendix F for a sample form; the information contained on this form shall be included if using a different format.)

1. Handwashing

   a. This district shall provide handwashing facilities which are readily accessible to employees, or when provision for handwashing facilities is not feasible, this district shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

   b. Employees shall wash hands or any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

   c. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Do not reuse gloves.

2. Housekeeping and Waste Procedures

a. This district shall ensure that the worksite is maintained in a clean and sanitary condition. This district shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility(ies), type of surface to be cleaned, type of soil present, and tasks or procedures being performed. (See Appendix G)

b. All equipment, materials, environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

   i. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately after completion ofprocedures/task/therapy, or as soon as feasible, when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials, and at the end of the school day if the surface may have become contaminated since the last cleaning.

   ii. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become contaminated with blood or OPIM, or at the end of the school day if they have become contaminated since the last cleaning.

c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

d. Materials, such as paper towels, gauze squares or clothing, used in the treatment of blood or OPIM spills that are blood-soaked or caked with blood shall be bagged, tied and designated as a biohazard. The bag shall then be removed from the site as soon as feasible and replaced with a clean bag. In this district bags designated as biohazard (containing blood or OPIM contaminated materials) shall be: _____ (red in color or affixed with a biohazard label) and shall be located: _____ _____.

   (On the advice of the Department of Health and Social Services, biohazardous waste for this standard's purposes shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.)

e. The custodian shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately.

(A major blood or OPIM incident is one in which there will be biohazardous material for disposal).

f. In this district, there shall be a marked biohazard container in the custodial area for the containment of all individual biohazard designated bags. Appropriate disposal of the contents of this container is as follows: _____ _____.

g. In the event that regulated waste leaks from a bag or container, the waste shall be placed in a second container, and the area shall be cleaned and decontaminated.

h. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Broken glass shall be containerized. The custodian shall be notified immediately or through verbal or written notification before scheduled cleaning.

i. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers. In this district the sharps containers shall be closable, puncture resistant, labeled with a biohazard label, and leak proof. Containers shall be maintained in an upright position. Containers shall be easily accessible to staff and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, i.e., art department, classrooms where dissections occur, nurses station. If an incident occurs where there is contaminated material that is too large for a sharps container, the custodian shall be contacted immediately to obtain an appropriate biohazard container for this material.

   i. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

   ii. In this district, the employee shall notify _____ (i.e., the head custodian) when sharp containers become 3/4 full so that they can be disposed of properly. (The local hospital or district health department may provide assistance in determining appropriate disposal.)

   iii. Contaminated needles shall not be bent, recapped, removed, sheared or purposely broken.

j. Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, the state of Wisconsin and its political subdivisions (currently the Department of Natural Resources regulates waste disposal in Wisconsin.)

k. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, counter-tops or benchtops where blood or other potentially infectious materials are present.

l. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generating droplets of these substances. Mouth pipetting/ suctioning of blood or OPIM is prohibited; e.g., sucking out snake bites.

m. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leaking during collection, handling, processing, storage, transport, or shipping. These containers shall be labeled with a biohazard symbol or be colored red.

n. Equipment which may become contaminated with blood or other potentially infectious material is to be examined prior to servicing and shipping and is to be decontaminated, if feasible. If not feasible, a readily observable biohazard label stating which portions are contaminated is to be affixed to the equipment. This information is to be conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, servicing or shipping. Equipment to consider: student's communication device, vocational equipment needing repair after an exposure incident.

o. Contaminated laundry shall be handled as little as possible. Gloves must be worn when handling contaminated laundry. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Containers must be leak-proof if there is reasonable likelihood of soak-through or leakage. All contaminated laundry shall be placed and transported in bags or containers that are biohazard-labeled or colored red. In this district, contaminated laundry shall be placed _____. In this district, laundry shall be washed at _____.
(Contaminated laundry that is to be sent to a commercial establishment for cleaning shall also meet the above requirements for biohazardous material.)

C. Personal Protective Equipment

1. Where occupational exposure remains after institution of engineering and work controls, personal protective equipment shall be used. Forms of personal protection equipment available in this district are gloves and_____
_____
_____

a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces.

b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use (contaminated disposable gloves do not meet the DNR definition of infectious waste and do not need to be disposed of in red or specially labeled bags).

c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

d. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated, i.e., custodian cleaning a clogged toilet, nurses or aides who are performing suctioning.

e. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.

2. This district shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees. Personal protective equipment is available in the following locations: _____ _____ Personal protective equipment shall be given to: _____

a. This district shall clean, launder and dispose of personal protective equipment, at no cost to the employee.

b. This district shall repair or replace personal protective equipment as needed to maintain its effe· ·ness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible.

5. This district shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgment that in that particular instance it would have posed an increased hazard to the employee or others, this district shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. (Appendix F)

III. HEPATITIS B VACCINATION (Appendix B)

A. Hepatitis B vaccine is available for employees whose designated job assignment includes the rendering of first aid, or who have occupational exposure to blood or OPIM.

1. This district shall make the hepatitis B vaccination series available to all employees who have occupational exposure after the employee(s) have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated. The vaccine and vaccinations shall be offered free of charge.

2. This district shall make the hepatitis B vaccination series available after the training and within 10 working days of initial assignment to all employees who have occupational exposure.

3. The hepatitis B vaccination series shall be made available to the employee at a reasonable time and place, and performed by or under the supervision of a licensed physician according to the most current recommendations of the U.S. Public Health Service. This district assures that the laboratory tests are then conducted by an accredited laboratory.

4. This district shall not make participation in a preemployment screening program a prerequisite for receiving the hepatitis B vaccine.

5. If an employee initially declines the hepatitis B vaccination series, but at a later date while still covered under the standard decides to accept the vaccination this district shall make available the hepatitis B vaccine at that time.

6. This district shall assure that employees who decline to accept the hepatitis B vaccine offered by this district sign the declination statement established under the standard. (Appendix H).

7. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available at no charge to the employee.

8. Records regarding HBV vaccinations or declinations are to be kept by

_____.

9. This district shall ensure that the healthcare professional responsible for employee's hepatitis B vaccination is provided with a copy of this regulation.

B. Hepatitis B vaccine is available for employees who render first aid only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

1. This district shall provide the hepatitis B vaccine or vaccination series to those unvaccinated employees whose primary job assignment is not the rendering of first aid ONLY in the case that they render assistance in any situation involving the presence of blood or OPIM (as identified in Appendix D).

2. ALL first aid incidents involving the presence of blood or OPIM shall be reported to this school district's designee: _____ by by the end of the work day on which the incident occurred.

3. The district's exposure incident investigation form (see Appendix F) must be used to report first aid incidents involving blood or OPIM. The incident description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident," as defined by the standard, occurred (see Appendix I).

4. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures are made available immediately if there has been an exposure incident as defined by the standard. (Appendix I)

5. The full hepatitis B vaccination series shall be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or other potentially infectious materials regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.

6. The hepatitis B vaccination record or declination statement shall be completed (see Appendix H). All other pertinent conditions shall also be followed as written for those persons who receive the pre-exposure hepatitis B vaccine.

7. This investigation form shall be recorded on a list of such first aid incidents. It shall be readily available to all employees.

8. This reporting procedure shall be included in the training program.

IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Following a report of an exposure incident, this district shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements (see Appendix I):

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

2. Identification and documentation of the source individual, if possible, or unless this district can establish that identification is infeasible or prohibited by state or local law;

   a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, this district shall establish that legally required consent cannot be obtained.

   b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible;

4. For post-exposure prophylaxis, follow recommendations established by the U.S. Public Health Service (see Appendix B and J);

5. Counseling shall be made available by this district at no cost to employees and their families on the implications of testing and post-exposure prophylaxis;

6. There shall be an evaluation of reported illnesses.

B. This district shall ensure that all medical evaluations and procedures, including prophylaxis, are made available at no cost, and at a reasonable time and place to the employee. All medical evaluations and procedures shall be conducted by or under the supervision of a licensed physician and laboratory tests shall be conducted in accredited laboratories.

C. **Information provided to the healthcare professional who evaluates the employee shall include (see Appendix I):**

1. A copy of the DILHR Health and Safety Standard, Wisconsin Statute 101.055, (Appendix A);

2. A description of the employee's duties as they relate to the exposure incident;

3. Documentation of the route of exposure and circumstances under which exposure occurred;

4. Results of the source individual's blood testing, if consent was given and results are available;

5. All medical records relevant to the appropriate treatment of the employee, including vaccination status which are this district's responsibility to maintain.

D. **This district shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.**

1. The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

2. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

   a. This employee has been informed of the results of the evaluation; and

   b. This employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and or treatment.

3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

V. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

A. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Exception: Red bags or red containers may be substituted for labels.

1. Labels required by this section shall include the following legend:

2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

3. These labels shall be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal.

4. Labels for contaminated equipment must follow the same labeling requirements. In addition, the labels shall also state which portions of the equipment remain contaminated.

B. Information and Training

1. This district shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.

2. Training shall be provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.

   a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.

   b. Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training.

3. This district shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created.

4. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used. (Appendix K contains the required minimum content for trainings.)

5. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program, as it relates to the school workplace.

VI. RECORDKEEPING

A. Medical Records

1. This district shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include (see Appendix J):

   a. Name and social security number of employee;

   b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;

   c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;

   d. If exposure incident(s) have occurred, district's copy of the healthcare professional's written opinion;

   e. If exposure incident(s) have occurred, district's copy of information provided to the healthcare professional: i.e., exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.

2. This district shall ensure that the employee's medical records are kept confidential and are NOT disclosed or reported without the employee's expressed written consent to any person within or outside of this district, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

B. Training Records (See Appendix K)

1. Training records shall include:

   a. The date of the training session;

   b. The contents or a summary of the training sessions;

   c. The names and qualifications of persons conducting the training;

   d. The name and job titles of all persons attending the training session.

2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

1. This district shall ensure:

   a. All records required to be maintained by this standard shall be made available upon request to the Department of Industry, Labor and Human Relations (or designee) for examination and copying.

   b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Industry, Labor and Human Relations (or designee).

   c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to the Department of Industry, Labor and Human Relations.

2. This district shall comply with the requirements involving the transfer of records set forth in this standard.

APPENDIX A

with safety and health standards and variances adopted under subs. (3) and (4) or to investigate any situation which poses a recognized hazard likely to cause death or serious physical harm to a public employe regardless of whether a standard is being violated. No public employer may refuse to allow a representative of the department to inspect a place of employment. If an employer attempts to prevent a representative of the department from conducting an inspection, the department may obtain an inspection warrant under s. 66.122. No notice may be given before conducting an inspection under this paragraph unless that notice is expressly authorized by the secretary or is necessary to enhance the effectiveness of the inspection.

(c) A representative of the employer and a public employe representative shall be permitted to accompany a representative of the department on an inspection made under this subsection to aid in the inspection and to notify the inspector of any possible violation of a safety and health standard or variance or of any situation which poses a recognized hazard likely to cause death or serious physical harm to a public employe. The public employe representative accompanying the representative of the department on an inspection shall, with respect to payment received or withheld for time spent accompanying the department representative, receive treatment equal to that afforded to any representative of the employer who is present during an inspection, except that a public employer may choose to allow only one public employe representative at a time to accompany the department representative on an inspection without a reduction in pay. If a representative of the employer does not accompany the representative of the department on an inspection, at least one public employe representative shall be allowed to accompany the representative of the department on the inspection without a loss of pay. Where no public employe representative accompanies the representative of the department on an inspection, the representative of the department shall consult with a reasonable number of employes concerning matters of employe safety and health. The department shall keep a written record of the name of any person accompanying the department representative during the inspection, the name of any employe consulted and the name of any authorized collective bargaining agent notified of the inspection by the public employer under sub. (7) (e).

(d) When making an inspection, a representative of the department may question privately any public employer or employe. No public employe shall suffer a loss in wages for time spent responding to any questions under this paragraph.

(e) A representative of the department shall have access to the records required under sub. (7) (a) and (b) and to any other records maintained by a public employer which are related to the purpose of the inspection.

(6) ENFORCEMENT. (a) *Orders.* 1. Issuance. If, as a result of inspection, the department finds a violation of a safety and health standard or variance or a condition which poses a recognized hazard likely to cause death or serious physical harm to a public employe, the department shall issue an order to the employer. A public employer who is in compliance with any standards or variances is deemed to be in compliance to the extent of the condition, practice, means, method, operation or process covered by that standard. The order shall describe the nature of the violation and the period of time within which the employer shall correct the violation. The department shall send a copy of the order to the top elected official of the political subdivision of which the public employer is a part and to the appropriate collective bargaining agent for the employes affected by the violation cited in the order, if a collective bargaining agent exists. If the order is issued as a result of an inspection requested by an employe or public employe representative, the department shall also send a copy of the order to that employe or public employe representative. Upon receipt of an order, the employer shall post the order at or near the site of violation for 3 days, or until the violation is abated, whichever is longer. The order shall be posted regardless of whether there has been a petition for a variance under sub. (4) or for a hearing under subd. 3. The employer shall ensure that the order is not altered, defaced or covered by other materials.

2. Decision not to issue. If the department decides not to issue an order in response to a request for inspection filed under sub. (5) (a), it shall mail written notice of that decision to the public employe or public employe representative who requested the investigation. A decision under this subdivision is reviewable by the department under subd. 3.

3. Review by department. A public employer or employe affected by an order or decision issued by the department under subd. 1 or 2 or sub. (5) (a) may obtain review of the order or decision by filing with the department a petition requesting a hearing and specifying the modification or change desired in the order or decision. A petition for a hearing must be filed with the department not later than 30 days after the order is issued or the written notification is mailed. If the department denies the request for a hearing, the denial shall be in writing and shall state the reasons for denial. If the department holds a hearing, it shall issue an order affirming, vacating or modifying the order or decision under subd. 1 or 2 or sub. (5) (a), within 30 days after the close of the hearing.

4. Judicial review. Orders and denials of requests for hearings under subd. 3 are subject to judicial review under ch. 227.

(b) *Injunction.* Whenever a hazard exists in a public employer's place of employment which could reasonably be expected to cause death or serious physical harm before other procedures under this section can be carried out, the department may seek relief through an injunction or an action for mandamus as provided in chs. 783 and 813. If the department seeks an injunction or an action for mandamus, it shall notify the affected public employer and public employes of the hazard for which relief is being sought.

(7) EMPLOYER OBLIGATIONS FOR RECORDKEEPING AND NOTIFICATION. (a) A public employer shall maintain records of work-related injuries and illnesses and shall make reports of these injuries and illnesses to the department at time intervals specified by rule of the department. These records shall be available to the department, the employer's employes and the employes' representatives. This paragraph does not authorize disclosure of patient health care records except as provided in ss. 146.82 and 146.83.

(b) A public employer shall maintain records of employe exposures to toxic materials and harmful physical agents which are required by safety and health standards adopted under sub. (3) to be monitored or measured. A representative of the department and any affected public employe and his or her public employe representative shall be permitted to observe the monitoring and measuring and shall have access to the employer's records of the monitoring and measuring. This paragraph does not authorize disclosure of patient health care records except as provided in ss. 146.82 and 146.83.

(c) A public employer shall promptly notify a public employe who has been or is being exposed to any toxic material or harmful physical agent at a level which exceeds that prescribed by the safety and health standards of the

department and shall inform that public employe of any corrective action being taken.

(d) A public employer shall notify its employes of their protections and rights under this section by posting a summary of these protections and rights in the place of employment where notices to employes are usually posted.

(e) When a representative of the department enters a public employer's place of employment to make an inspection, the employer shall notify an appropriate representative of any collective bargaining unit which represents the employer's employes. The employer shall give the name of the collective bargaining unit representatives notified of the inspection to the department representative making the inspection.

(8) PROTECTION OF PUBLIC EMPLOYES EXERCISING THEIR RIGHTS. (a) No public employer may discharge or otherwise discriminate against any public employe it employs because the public employe filed a request with the department, instituted or caused to be instituted any action or proceeding relating to occupational safety and health matters under this section, testified or will testify in such a proceeding, reasonably refused to perform a task which represents a danger of serious injury or death or exercised any other right related to occupational safety and health which is afforded by this section.

(b) A state employe who believes that he or she has been discharged or otherwise discriminated against by a public employer in violation of par. (a) may file a complaint with the personnel commission alleging discrimination or discharge, within 30 days after the employe received knowledge of the discrimination or discharge. A public employe other than a state employe who believes that he or she has been discharged or otherwise discriminated against by a public employer in violation of par. (a) may file a complaint with the division of equal rights of the department alleging discrimination or discharge, within 30 days after the employe received knowledge of the discrimination or discharge.

(c) Upon receipt of a complaint, the personnel commission or the division of equal rights, whichever is applicable, shall investigate the complaint and shall determine whether there is probable cause to believe that a violation of par. (a) has occurred. If the personnel commission or the division of equal rights finds probable cause it shall attempt to resolve the complaint by conference, conciliation or persuasion. If the complaint is not resolved, the personnel commission or the division of equal rights shall hold a hearing on the complaint within 60 days after receipt of the complaint unless both parties to the proceeding agree otherwise. Within 30 days after the close of the hearing, the personnel commission or the division of equal rights shall issue its decision. If the personnel commission or the division of equal rights determines that a violation of par. (a) has occurred, it shall order appropriate relief for the employe, including restoration of the employe to his or her former position with back pay, and shall order any action necessary to ensure that no further discrimination occurs. If the personnel commission or the division of equal rights determines that there has been no violation of par. (a), it shall issue an order dismissing the complaint.

(d) Orders of the personnel commission and the division of equal rights under this subsection are subject to judicial review under ch. 227.

(9) COORDINATION OF STATE SAFETY AND HEALTH PROGRAMS. The department shall coordinate state safety and health programs and shall plan and conduct comprehensive safety and health loss prevention programs for state employes and facilities.

(10) EXCEPTION FOR CERTAIN POLITICAL SUBDIVISIONS. The department is not required to expend any resources to enforce this section in political subdivisions having 10 or less employes unless it has received a complaint.

History: 1981 c. 360, 391; 1985 a. 182 s. 57.

101.07 Flushing devices for urinals. The department shall not promulgate any rules which either directly or indirectly prohibit the use of manual flushing devices for urinals. The department shall take steps to encourage the use of manual flushing devices for urinals.

History: 1977 c. 418.

101.08 Fluorescent lamp ballast energy efficiency. (1) DEFINITIONS. In this section:

(b) "Ballast efficacy factor" means the ratio of the relative light output of a fluorescent lamp ballast containing a fluorescent lamp, expressed as a percent, to the power input, expressed in watts at the test conditions specified under the American National Standards Institute standard C82.2-1977.

(c) "Covered product" means any consumer product, as defined in 42 USC 6291 (a) (1), which is not designed solely for use in a recreational vehicle or other mobile equipment and which is subject to an energy conservation standard under sub. (2).

(d) "Energy" means electricity, fossil fuel or other fuel specified under 42 USC 6293.

(e) "Energy conservation standard" means either of the following:

1. A performance standard which prescribes a minimum level of energy efficiency, as defined in 42 USC 6291 (a) (5) or a maximum quantity of energy use for a consumer product, as defined in 42 USC 6291 (a) (1), determined under test procedures.

2. A design requirement which is related to energy use for any consumer product, as defined in 42 USC 6291 (a) (1).

(f) "Energy use" means the quantity of energy directly consumed by a consumer product, as defined in 42 USC 6291 (a) (1), at point of use, determined under test procedures.

(g) "Fluorescent lamp ballast" means a device designed to operate a fluorescent lamp by providing a starting voltage and current and limiting the current during normal operation.

(i) "F40T12" means a tubular fluorescent lamp which is a nominal 40 watts, which has a 48 inch tube length and a 1.5 inch diameter, and which conforms to the American National Standards Institute standard C78.1-1978.

(j) "F96T12" means a tubular fluorescent lamp which is a nominal 75 watts, which has a 96 inch tube length and a 1.5 inch diameter and which conforms to the American National Standards Institute standard C78.3-1978.

(k) "Manufacturer" means any person who manufactures, produces, assembles or imports into the customs territory of the United States any consumer product, as defined in 42 USC 6291 (a) (1).

(n) "Test procedure" means a test procedure prescribed by the secretary of the federal department of energy under 42 USC 6293.

(2) FLUORESCENT LAMP BALLASTS. (a) Except as provided in par. (b), the ballast efficacy factor of any fluorescent lamp ballast manufactured on or after May 3, 1988, for sale at retail in this state or for installation in this state under a construction contract may not be less than:

1. For one F40T12 with 40 total nominal lamp watts and a ballast input voltage of 120 or 277, 1.805.

2. For 2 F40T12 lamps each with 80 total nominal lamp watts operated together:

a. With a ballast input voltage of 120, 1.060.

APPENDIX B

XI. The Standard

General Industry

Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910—[AMENDED]

Subpart Z—[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for § 1910.1030 is added:

Authority: Secs. 6 and 8, Occupational Safety and Health Act, 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12–71 (36 FR 8754), 8–76 (41 FR 25059), or 9–83 (48 FR 35736), as applicable; and 29 CFR part 1911.

* * * * *

Section 1910.1030 also issued under 29 U.S.C. 653.

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2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.

(a) *Scope and Application.* This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) *Definitions.* For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) *Exposure control*—(1) *Exposure Control Plan.* (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to

eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph(c)(2),

(B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(e).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

(v) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) *Exposure determination.* (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) *Methods of compliance*—(1) *General*—Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) *Engineering and work practice controls.* (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities which are readily accessible to employees.

(iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.

(A) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

(B) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;

(B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal protective equipment—(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

(vii) All personal protective equipment shall be removed prior to leaving the work area.

(viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

(C) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

(*1*) Periodically reevaluate this policy;

(*2*) Make gloves available to all employees who wish to use them for phlebotomy;

(*3*) Not discourage the use of gloves for phlebotomy; and

(*4*) Require that gloves be used for phlebotomy in the following circumstances:

(*i*) When the employee has cuts, scratches, or other breaks in his or her skin;

(*ii*) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(*iii*) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

(4) *Housekeeping.* (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means,

such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Discarding and Containment. (*1*) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(*i*) Closable;

(*ii*) Puncture resistant;

(*iii*) Leakproof on sides and bottom; and

(*iv*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(*2*) During use, containers for contaminated sharps shall be:

(*i*) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(*ii*) Maintained upright throughout use; and

(*iii*) Replaced routinely and not be allowed to overfill.

(*3*) When moving containers of contaminated sharps from the area of use, the containers shall be:

(*i*) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(*ii*) Placed in a secondary container if leakage is possible. The second container shall be:

(*A*) Closable;

(*B*) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(*C*) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(*4*) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

(B) Other Regulated Waste Containment.(*1*) Regulated waste shall be placed in containers which are:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(*2*) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

(*i*) Closable;

(*ii*) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

(*iii*) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and

(*iv*) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

(iv) Laundry.

(A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

(2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

(3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

(B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

(C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

(e) *HIV and HBV Research Laboratories and Production Facilities.* (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.

(2) Research laboratories and production facilities shall meet the following criteria:

(i) Standard microbiological practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(ii) Special practices.

(A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.

(B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

(C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

(D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.

(E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.

(F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

(G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.

(H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

(I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

(J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

(K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

(L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

(M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(iii) Containment equipment. (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.

(B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

(3) HIV and HBV research laboratories shall meet the following criteria:

(i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.

(ii) An autoclave for decontamination of regulated waste shall be available.

(4) HIV and HBV production facilities shall meet the following criteria:

(i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.

(ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) *Training Requirements.* Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

(f) *Hepatitis B vaccination and post-exposure evaluation and follow-up—(1) General.* (i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) *Hepatitis B Vaccination.* (i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in appendix A.

(v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).

(3) *Post-exposure Evaluation and Follow-up.* Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

(A) The source individual's blood shall be tested as soon as feasible and

after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

(B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

(C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(iii) Collection and testing of blood for HBV and HIV serological status;

(A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(4) *Information Provided to the Healthcare Professional.* (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.

(ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed employee's duties as they relate to the exposure incident;

(C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;

(D) Results of the source individual's blood testing, if available; and

(E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

(5) *Healthcare Professional's Written Opinion.* The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

(A) That the employee has been informed of the results of the evaluation; and

(B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

(iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) *Medical recordkeeping.* Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

(g) *Communication of hazards to employees*— (1) *Labels and signs.* (i) Labels. (A) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall include the following legend:

BIOHAZARD

BIOHAZARD

(C) These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

(D) Labels required by affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

(E) Red bags or red containers may be substituted for labels.

(F) Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

(G) Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

(H) Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

(I) Regulated waste that has been decontaminated need not be labeled or color-coded.

(ii) Signs. (A) The employer shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:

BIOHAZARD

BIOHAZARD

(Name of the Infectious Agent)
(Special requirements for entering the area)
(Name, telephone number of the laboratory director or other responsible person.)

(B) These signs shall be fluorescent orange-red or predominantly so, with lettering or symbols in a contrasting color.

(2) *Information and Training.* (i) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(ii) Training shall be provided as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place;

(B) Within 90 days after the effective date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(iv) Annual training for all employees shall be provided within one year of their previous training.

(v) Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(vi) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(vii) The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(h) *Recordkeeping—(1) Medical Records.* (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

(iii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

(2) *Training Records. (i) Training records shall include the following information:*

(A) The dates of the training sessions;

(B) The contents or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) *Availability.* (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.20.

(4) *Transfer of Records.* (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.20(h).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(i) *Dates—(1) Effective Date.* The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c)(2) of this section shall be completed on or before May 5, 1992.

(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

(4) Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g) (1) Labels and Signs, shall take effect July 6, 1992.

Appendix A to Section 1910.1030—Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

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Addendum to OSHA Bloodborne Pathogens Standard

The following text is proposed to be added to OSHA Instruction CPL 2-2.44C, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard, 29 CFR 1910.1030 (Add as subparagraph (6) to X.6.b.)

(6) Under section (f) (2) of the standard, hepatitis B vaccination must be offered to all employees who have occupational exposure to blood or other potentially infectious materials (OPIM). However, as a matter of policy violations will be considered de minimis and citations will not be issued when designated first aid providers who have occupational exposure are not offered pre-exposure hepatitis B vaccine if the following conditions exist:

(a) The primary job assignment of such designated first aid providers is not the rendering of first aid.

1 Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

2 This provision does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, nor does it apply to any health care, emergency, or public safety personnel who are expected to render first aid in the course of their work.

(b) The employers's Exposure Control Plan specifically addresses the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual "exposure incident" as defined by the standard occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-up for those employees who experience an "exposure incident" including:

1 Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer before the end of the work shift during which the first aid incident occurred.

a The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

- The description must include a determination of whether or not, in addition to the presence of blood or other potentially infected materials, an "exposure incident" as defined by the standard, occurred.

- This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by section (f) (3) of the standard are made available immediately if there has been an "exposure incident" as defined by the standard.

b The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Assistant Secretary upon request.

2 Provision for the bloodborne pathogens training program for designated first aiders to include the specifics of this reporting procedure.

3 Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.

(c) The employer must implement a procedure to ensure that all of the provisions of paragraph 2 are complied with if pre-exposure hepatitis B vaccine is not to be given to employees meeting the conditions of paragraph 1.

NOTE: All other requirements of the standard continue to apply. (See Note #2, subparagraph M.2.)

APPENDIX C

DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN

Antibody	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	the fluid surrounding the embryo in the mother's womb.
Antigen	any substance which stimulates the formation of an antibody.
Assistant Secretary	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
Biohazard Label	a label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Cerebrospinal Fluid	a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharp	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
Decontamination	the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
DILHR	Department of Industry, Labor and Human Relations
Engineering Controls	controls (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
Exposure Determination	how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.

HBV	Hepatitis B Virus.
HIV	Human Immunodeficiency Virus.
Licensed Healthcare Professional	a person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and postexposure evaluation and follow-up. **(In Wisconsin only a licensed physician meets this definition).**
Medical Consultation	a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucus	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
Mucous Membranes	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
Occupational Exposure	a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OSHA	the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) the following human body fluids: semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other

	solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
Pathogen	a bacteria or virus capable of causing infection or disease.
Pericardial Fluid	fluid from around the heart.
Pericardium	the sheath of tissue encasing the heart.
Peritoneal Fluid	the clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	the lining membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.
Pleural	the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	fluid from the pleural cavity.
Production Facility	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	the measures carried out to prevent diseases.

Regulated Waste	liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Research Laboratory	a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
Serous Fluids	Liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
Source Individual	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).
Universal Precautions	an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	pertaining to or composed of blood vessels
Work Practice Controls	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

APPENDIX D

EXPOSURE DETERMINATION FORM

Job Classification	All Have Exposure	Some Have Exposure: List Person/Job Title	None Have Exposure
Central Office Administrators			
Building Administrators			
Secretaries			
Regular Education Teachers			
Special Education Teachers			
Substitute Teachers			
School Nurse			
Custodians			
Other Maintenance Personnel:			
_____			
_____			
Instructional Aides/Paraprofessionals			
Coaches/Asst. Coaches			
Athletic Trainers			
Athletic Director			
Food Service Personnel			
Lunchroom Aides			
Physical Therapist (PT)			
PT Assistants			
Occupational Therapists (OT)			
OT Assistants			
Recreational Therapists			
Health Care Aides			
Bus Drivers			
Transportation Aides			
Guidance Counselors			
School Psychologists			
School Social Workers			
Substitutes			
Librarians			
Library Aides			
Volunteers			
Other:			
_____			
_____			

APPENDIX E

School District Name: _____

Appendix E

Tasks and Procedures Record

Task/Procedure	Type of Bodily Fluid/Substance To Which Exposure is Likely						Protective Procedures	Protective Barriers			
	Blood	Semen	Vaginal Secretions	Menstrual Fluid	Nonintact Skin	Vomitus	Disinfectant	Gloves	Gown/ Apron	Mask	Eye-Wear

APPENDIX F

SCHOOL EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident:_____ Time of Incident: _____

Location: _____

Person(s) Involved:_____

Potentially Infectious Materials Involved:

Type:_____ Source:_____

_____

Circumstances (what was occurring at the time of the incident):_____

_____

_____

How was the incident caused: (accident, equipment malfunction, etc. List any tool, machine, or equipment involved)_____

_____

_____

Personal protective equipment being used at the time of the incident:

_____

_____

Actions Taken (decontamination, clean-up, reporting, etc.) _____

_____

_____

Recommendations for avoiding repetition of incident:_____

_____

_____

APPENDIX G

The following is an example of a written procedure for handling contaminated laundry in a school setting:

SOILED LAUNDRY - ALL DEPARTMENTS

1. Personnel handling contaminated laundry will wear gloves.

2. All soiled linens will be immediately placed in a red plastic bag and securely tied. All soiled linen bags will be placed in plastic lined linen carts in various work units.

3. Classroom personnel will be responsible for transporting soiled linen bags to the laundry cart location.

4. Bags containing linen heavily soiled with blood, feces or other highly contaminated material will be labeled as such. If the outside of the red bag is contaminated, that bag should be "double bagged" into another red bag.

See Model Plan, page 4, II.B.2, Housekeeping and Waste Procedures for explanation of standard requirements for cleaning and decontamination of work surfaces, waste containers, contaminated equipment and sharps, as well as laundry.

APPENDIX H

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name (Please Print): _____

Employe Signature: _____

Date: _____

HEPATITIS B VACCINATION RECORD

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

I, _____ have completed the following inoculations using:

_____ Recombivax-HB Vaccine or _____ Enerix-B Vaccine

--Inoculation 1 Date:_____ Given at:_____
--Inoculation 2 Date:_____ Given at:_____
--Inoculation 3 Date:_____ Given at:_____

APPENDIX I

Appendix I contains a copy of the WKC-8165 form: Medical Management of Individuals Exposed to Blood/Body Fluids. This form should be completed whenever a person has been significantly exposed (the statutory definition of a significant exposure is included with this form) to blood or body fluids. It is intended to be used for possible Worker's Compensation documentation. Specific instructions are detailed on the form. To obtain copies of WKC-8165 contact Document Sales at (608) 266-3358.

STATUTORY DEFINITION OF SIGNIFICANT EXPOSURE (s. 146.025, Wis. Stats.):

This definition refers to an exposure which carries the potential for transmission of HIV (AIDS virus). Since other infectious diseases can also be transmitted by significant exposure to blood or body fluids, this form may be used to document any such exposure.

Under Wisconsin Statutes s. 146.025(1)(em), "significantly exposed" means sustained a contact which carries a potential for a transmission of HIV, by one or more of the following:

1. Transmission, into a body orifice or onto mucous membrane of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

2. Exchange during the accidental or intentional infliction of a penetrating wound, including a needle puncture, of blood; semen, vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

3. Exchange, into an eye, an open wound, an oozing lesion, or where a significant breakdown in the epidermal barrier has occurred, of blood; semen; vaginal secretions; cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluid; or other body fluid that is visibly contaminated with blood.

For any questions regarding this form, please call your local public health agency or infection control practitioner at the receiving facility.

Please contact Document Sales, 608-266-3358, for additional copies of this form.

DETERMINATION OF EXPOSURE TO BLOOD/BODY FLUIDS

INSTRUCTIONS

This form is to be completed whenever a person has been significantly exposed to the blood or other body fluids of a patient. It is intended to be used for possible Worker's Compensation purposes and is not a record of medical treatment nor is it to be used for billing purposes. The form should be completed and certified at the health care facility which received the person who was the source of the significant blood or body fluids exposure. The instructions below should be followed when completing and processing this form.

TO THE PERSON EXPOSED TO BLOOD/BODY FLUIDS:

1. Before completing this form, determine whether you have been significantly exposed to blood or body fluids by reviewing the statutory definition on the reverse side of this page. If you believe you have been significantly exposed in one of the ways listed in the definition, proceed with the instructions below.

2. Using a ballpoint pen, complete Parts I, II and III only. Press hard - you are making 4 copies. Ask the receiving department nursing staff or infection control staff for any needed assistance.

3. Sign the form at the bottom of Part III after providing all requested information.

4. Do not detach any copies of the form. Give the entire form to the receiving facility physician to certify your exposure. If a physician is not available, give the form to another staff person at the facility as may be directed.

5. You will receive Copy 2 (green) from the receiving facility after a physician's certification has been obtained.

6. Later, you will also receive Copy 4 (white) from the receiving facility after the follow-up has been completed. When you receive this information, contact your personal physician to discuss any needed medical care.

7. REMEMBER - WHEN YOU ARE INFORMED OF AN HIV TEST RESULT BY USING THIS FORM, IT IS A VIOLATION OF THE LAW FOR YOU TO REVEAL TO ANYONE ELSE THE IDENTITY OF THE PERSON WHO IS THE SUBJECT OF THAT TEST RESULT.

TO THE PHYSICIAN ASKED TO CERTIFY THE EXPOSURE:

1. Review the description of the incident and resulting exposure presented in Part III.

2. If, in your opinion, there has been a significant exposure (see definition on reverse side of this page), complete all items in Part IV and sign the form in the space provided. Print using a ballpoint pen and press hard for copy legibility.

3. Be certain that the exposed person receives Copy 2 (green) soon after you sign the Certification statement. This should be done at the time the person reports the exposure, if possible.

4. Route all remaining copies to your facility's infection control practitioner for processing and follow-up.

TO THE RECEIVING FACILITY INFECTION CONTROL PRACTITIONER:

1. Review the form for completeness (physician's signature essential). Gather needed information to complete Part V.

2. Complete Part V using a ballpoint pen. Press hard so data is legible on all copies.

3. After completing Part V, detach and shred Copy 1 (yellow).

4. Forward Copy 4 (white) to the exposed person after you complete Part V and follow up with appropriate counseling.

5. File Copy 3 (blue) under the exposed person's medical record at this treatment facility as required by your facility's policy and procedure.

6. Shred all carbon inserts to insure confidentiality of named parties.

- STATUTORY REFERENCE ON REVERSE SIDE -

WKC-8165 (R. 06/92)

DETERMINATION OF EXPOSURE TO BLOOD/BODY FLUIDS

EXPOSED PERSON COMPLETES PARTS I, II AND III ONLY

I. EXPOSED PERSON

Your Name | Date of Birth

Street Address

City, State, Zip Code

Your Employer and station name, if applicable)

Telephone Number
Work ( ) Home ( )

Personal Physician or Clinic

II. EXPOSURE SOURCE

Source Person's Name | Date of Birth

Source Person's Street Address

City, State Zip Code

Medical Record # and Facility Name Address Where Records Located (if known)

III. DESCRIPTION OF INCIDENT RESULTING IN EXPOSURE

Date of Incident (month/day/year) | Time of Incident: A.M. or P.M. (circle one)

Specific Description of Incident (include estimate of the volume of fluid involved).

Type of Incident And Body Fluid Exchanged (check all that apply):

BODY FLUID	ACTION	LOCATION OF EXPOSURE (EXPOSED PERSON)
☐ Blood	☐ Needlestick	☐ Eye
☐ Sputum/Saliva	☐ Bite That Breaks Skin	☐ Nose
☐ Urine	☐ Impaled Object	☐ Mouth
☐ Feces	☐ Splash/Splatter	☐ Open Wound/Break In Skin
☐ Semen	☐ Mouth-To-Mouth CPR	☐ Dermatitis
☐ Vaginal Secretions	☐ Cut Or Wound	
☐ Vomitus	☐ Other	

Have you been vaccinated against hepatitis B? ☐ Yes ☐ No If yes, What year? _____

The above information accurately describes the exposure. I request disclosure of the source person's body fluid/bloodborne pathogen(s) test results.

Exposed Person's Signature: _____ Date signed: _____

IV. SIGNIFICANT EXPOSURE CERTIFICATION BY PHYSICIAN:

I certify that the exposure described above meets the statutory definition of significant exposure to HIV (Wis. Stats, s. 146.025), or carries the potential for exposure to other body fluid/bloodborne pathogen(s) not covered by statutory definition.

Physician's Name (print) | Physician's Signature | Date Signed

Business Telephone ( ) | Physician License Number

Physician's Business Address - Street, City, State Zip Code

Receiving Facility Name | Telephone Number ( )

Receiving Facility Address - Street And City

DO NOT WRITE IN THIS SPACE

WKC-8165 (R. 06 92)

COPY-1 SHRED AFTER SOURCE FOLLOW-UP

MEDICAL MANAGEMENT OF INDIVIDUALS EXPOSED BLOOD/BODY FLUIDS

The management techniques below are those currently recommended by the Centers For Disease Control They are intended as guidance for health care professionals involved in the management of exposed individuals

Hepatitis B virus post-exposure management

The outline below summarizes prophylaxis for percutaneous or permucosal exposure to blood according to the HBsAg status of the source of exposure and the vaccination status and vaccine response of the exposed person For greatest effectiveness, passive prophylaxis with HBIG, when indicated, should be administered as soon as possible after exposure since its value beyond 7 days after exposure is unclear

1 Source of exposure known and HBsAg positive
   a Exposed person has not been vaccinated or has not completed vaccination Hepatitis B vaccination should be initiated A single dose of HBIG (0 06 mL/kg) should be administered as soon as possible after exposure and within 24 hours, if possible The first dose of hepatitis B vaccine should be administered intramuscularly at a separate site (deltoid for adults) and can be administered simultaneously with HBIG or within 7 days of exposure, subsequent doses should be administered as recommended for the specific vaccine If the exposed person has begun but has not completed vaccination, one dose of HBIG should be administered immediately and vaccination should be completed as scheduled
   b Exposed person has already been vaccinated against hepatitis B, and anti-HBs response status is known
      (1) If the exposed person is known to have had adequate response in the past, the anti HBs level should be tested unless an adequate level has been demonstrated within the last 24 months Although current data show that vaccine-induced protection does not decrease as antibody level wanes, most experts consider the following approach to be prudent
         (a) If the anti-HBs level is adequate, no treatment is necessary
         (b) If the anti-HBs level is inadequate,* a booster dose of hepatitis B vaccine should be administered
      (2) If the exposed person is known not to have responded to the primary vaccine series he or she should receive either a single dose of HBIG and a dose of hepatitis B vaccine as soon as possible after exposure, or two doses of HBIG (0 06 mL kg), one as soon as possible after exposure and the second 1 month later The latter treatment is preferred for those who have not responded to at least four doses of vaccine
   c Exposed person has already been vaccinated against hepatitis B, and the anti-HBs response is unknown The exposed person should be tested for anti-HBs
      (1) If the exposed person has adequate antibody, no additional treatment is necessary
      (2) If the exposed person has inadequate antibody on testing, one dose of HBIG (0 06 mL kg) should be administered immediately and a standard booster dose of vaccine administered at a different site
2 Source of exposure known and HBsAg negative
   a. Exposed has not been vaccinated or has not completed vaccination If unvaccinated, the exposed person should be administered the first dose of hepatitis B vaccine within 7 days of exposure, and vaccination should be completed as recommended If the exposed has not completed vaccination, vaccination series should be completed as scheduled
   b Exposed person has already been vaccinated against hepatitis B No treatment is necessary
3 Source of exposure unknown or not available for testing
   a Exposed person has not been vaccinated or has not completed vaccination If unvaccinated, the exposed person should be administered the first dose of hepatitis B vaccine within 7 days of exposure and vaccination should be completed as recommended If the exposed has not completed vaccination, vaccination should be completed as scheduled
   b Exposed person has already been vaccinated against hepatitis B and anti-HBs response status is known
      (1) If the exposed person is known to have had adequate response in the past, no treatment is necessary
      (2) If the exposed person is known not to have responded to the vaccine, p[prophylaxis as described earlier in section 1 b (2) under "Source of exposure known and HBsAg positive" may be considered if the source of the exposure is known to be at high risk of HBV infection
   c Exposed person has already been vaccinated against hepatitis B, and the anti-HBs response is unknown The exposed person should be tested for anti-HBs
      (1) If the exposed person has adequate anti-HBs, no treatment is necessary
      (2) If the exposed person has inadequate anti-HBs, a standard booster dose of vaccine should be administered

* An adequate antibody level is ≥ 10 mIU/ml

Human immunodeficiency virus post-exposure management

For any exposure to a source individual who has AIDS, who is found to be positive for HIV infection, or who refuses testing, the exposed person should be counseled regarding the risk of infection and evaluated clinically and serologically for evidence of HIV infection as soon as possible after the exposure In view of the evolving nature of HIV postexposure management, the health-care provider should be well informed of current U S Public Health Service (PHS) guidelines on this subject The exposed person should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after exposure Such an illness, particularly one characterized by fever, rash, or lymphadenopathy, may be indicative of recent HIV infection Following the initial test at the time of exposure, seronegative exposed persons should be retested 6 weeks, 12 weeks, and 6 months after exposure to determine whether transmission has occurred. During this follow-up period (especially the first 6-12 weeks after exposure, when most infected persons are expected to seroconvert), exposed persons should follow U.S Public Health Service (PHS) recommendations for preventing transmission of HIV These include refraining from blood donation and using appropriate protection during sexual intercourse During all phases of follow-up, it is vital that the exposed person's confidentiality be protected

If the source individual was tested and found to be seronegative, baseline testing of the exposed person with follow-up testing 12 weeks later may be performed if desired by the exposed person or recommended by the health-care provider.

If the source individual cannot be identified, decisions regarding appropriate follow-up should be individualized Serologic testing should be made available to all exposed persons who may be concerned they have been infected with HIV through significant exposure

References

Centers for Disease Control Guidelines for Prevention of Transmission of Human Immunodeficiency Virus to Health-Care and Public Safety Workers MMWR 1989, 38: 12-14

Centers for Disease Control Protection Against Viral Hepatitus Recommendations of the Immunization Practice Advisory Committee (ACIP) MMWR 1990, 39 (No RR-2): 17-22

EMPLOYEE MEDICAL RECORD CHECKLIST

NAME: _____

SOCIAL SECURITY NUMBER: _ _ _-_ _ -_ _ _ _

BUILDING: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's hepatitis B vaccination record or declination form (see Appendix H) Attach any additional medical records relative to hepatitis B.

_____ Brief Description of Exposure Incident: _____

_____

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident report (see Appendix F)

_____ Results of the source individual's blood testing, if available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

_____ Brief Description of Exposure Incident: _____

_____

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident report (see Appendix F)

_____ Results of the source individual's blood testing, if available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

APPENDIX J

EMPLOYEE MEDICAL RECORD CHECKLIST

NAME: _____

SOCIAL SECURITY NUMBER: _ _ _-_ _-_ _ _ _

BUILDING: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's hepatitis B vaccination record or declination form (see Appendix H) Attach any additional medical records relative to hepatitis B.

_____ Brief Description of Exposure Incident: _____

_____

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident report (see Appendix F)

_____ Results of the source individual's blood testing, if consent for release has been obtained and results are available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

_____ Brief Description of Exposure Incident: _____

_____

_____ Log and attach this district's copy of information provided to the healthcare professional:

_____ Accident report (see Appendix F)

_____ Results of the source individual's blood testing, if consent for release has been obtained and results are available

_____ Log and attach this district's copy of the healthcare professional's written opinion.

APPENDIX K

INFORMATION AND TRAINING OF EMPLOYEES WITH POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Date(s) of Training: _____

Trainer(s) Name and Qualifications: _____

Names and Job Titles of All Employees Attending This Training: (Attached)

Agenda and/or Materials Presented to Training Participants Include:

_____An accessible copy of the text of the DILHR Standard.
_____A general explanation of the epidemiology and symptoms of bloodborne diseases.
_____An explanation of the modes of transmission of bloodborne pathogens.
_____An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
_____An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
_____An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e., engineering controls, work practices, and personal protective equipment.
_____Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
_____An explanation of the basis for selection of personal protective equipment.
_____Information on the HBV vaccine, its efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
_____Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
_____An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
_____Information on the post-exposure evaluation and follow-up that is provided.
_____An explanation of the signs, symbols, and color-coding of biohazards.
_____A question and answer session between the trainer(s) and employee(s).
_____Provision of a list of contacts with the school districts and the health community that can be resources to the employees if they have questions after training.

Signature of Training Coordinator:_____

APPENDIX L

RESOURCES

Questions Regarding:

GENERAL INFORMATION

Louise Root-Robbins, Chief, Pupil Services Team Section
Bureau for Pupil Services
Wisconsin Department of Public Instruction
(608) 267-5078

Cindy Ericksen, School Nursing and Health Services Consultant
Bureau for Pupil Services
Wisconsin Department of Public Instruction
(608) 266-8857

Terry Moen, Chief, Occupational Health Section
Bureau of Public Health
Wisconsin Department of Health and Social Services
(608) 266-8579

Jim Lutz, Chief, Safety Section
Bureau of Safety Services
Wisconsin Department of Industry, Labor and Human Relations (DILHR)
(608) 266-7731

EDUCATION AND TRAINING

Local hospital - infection control manager

Local public health agency

Cindy Ericksen, School Nursing and Health Services Consultant
Bureau for Pupil Services
Wisconsin Department of Public Instruction
(608) 266-8857

Jim Lutz, Chief, Safety Section
Bureau of Safety Services
Wisconsin Department of Health and Social Services
(608) 266-7731

INFECTIOUS WASTE DISPOSAL

Local waste disposal service company

Local hospital

Local public health agency

Medical Waste Coordinator
Wisconsin Department of Natural Resources
(608) 266-2111

FACILITIES

Rick Kloiber, School Facilities Consultant
Bureau for School Management Services and Federal Aids
Wisconsin Department of Public Instruction
(608) 266-2803

BLOODBORNE PATHOGENS LIBRARY

1. **Occupational Exposures to Bloodborne Pathogens**
   An easy to understand booklet which reviews the pertinent aspects of the DILHR 32.50 1910.103. Available after April 1, 1993; produced by DILHR. To obtain a copy call (608) 266-2780.

2. **Bloodborne Diseases (1992) (1) (Video & Guidebook)** 15 minutes
   This video and accompanying guidebook are designed to teach workers how to protect themselves against the health hazards from exposure to blood and certain other body fluids containing bloodborne pathogens, and to reduce their risk of exposure.

3. **Bloodborne Pathogens (1992) (1) (Video & Workbook)** 12 minutes
   This video covers what bloodborne pathogens are, explains the modes of transmission, dispels myths and misconceptions concerning bloodborne pathogens and how to recognize exposure situations.

4. **First Responders (1992) (1) (Video)** 14 minutes
   Describes the hazards of first responders, universal precautions, use of personal protective equipment and waster disposal.

5. **Hepatitis B: The Vaccination Decision (1992) (1) (Video)** 14 minutes
   Explains the hazards of Hepatitis B, transmitability, how the vaccination is given, its duration and what the serum is made of.

6. **As It Should Be Done (1992) (1) (Exposure Control Plan) (Video)** 24 minutes
   Work place precautions against bloodborne pathogens

7. **OSHA Bloodborne Pathogens Exposure Control Plan (1992) (1)**
   This binder and diskett contain a sample of an exposure control plan developed by the National Safety Council.

8. **Silent War (1992) (Guidebook, Student Textbook & 3 videos)**
   Video #1 - Why Is Infection Control Necessary
   Topics include: communicable vs. infectious, risk behaviors, failure to treat, legal/moral/ethical issues and CDC/OSHA/NFPA/DOT requirements.
   Video #2 - Understanding Infection Control
   Topics include: infection control terminology, modes of transmission, process of exposure, universal precautions vs. body substance isolation, and high risk task precautions.
   Video #3 - How to Stay Healthy and Survive
   Topics include: baseline medical requirement, health assessments, vaccines and screening, and analysis of personal protective equipment.

9. **It's Up to You-Universal Hygiene Procedures (1992) (1)** 15 minutes
   Geared Toward Educational Facilities
   This video covers basic hygienic practices in everyday situations, including handwashing, cleaning and disinfecting, and using disposable gloves to clean up bodily fluids. Contact American Federation of Teachers, AIDS Education Project, 1-800-238-1135, Ext. 4490.

10. **Hepatitis B and the Health Care Worker (1988) (Video)** 7 minutes
    Identifies the various types of hepatitis, types of vaccines, side effects and reaction to vaccination.

Resources are available by contacting DILHR at 608-266-7529